

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

Committee/Subcommittee hearing bill: Human Services
Subcommittee

Representative Bartleman offered the following:

Amendment

Remove everything after the enacting clause and insert:

Section 1. Paragraph (a) of subsection (2), paragraph (a) of subsection (5), and paragraph (c) of subsection (14) of section 39.301, Florida Statutes, are amended to read:

39.301 Initiation of protective investigations.—

(2)(a) The department shall immediately forward allegations of criminal conduct to the municipal or county law enforcement agency of the municipality or county in which the alleged conduct has occurred. However, the department may delay forwarding allegations of criminal conduct to the appropriate law enforcement agency if the parent or legal custodian:

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17 1. Has alleged that the child has a preexisting diagnosis
18 specified in s. 39.303(4)(b); or

19 2. Is requesting that the child have an examination under
20 s. 39.304(1)(c).

21
22 Allegations of criminal conduct which are not immediately
23 forwarded to the law enforcement agency pursuant to subparagraph
24 1. or subparagraph 2. must be immediately forwarded to the law
25 enforcement agency upon completion of the investigation under
26 this part if criminal conduct is still alleged.

27 (5)(a) Upon commencing an investigation under this part,
28 the child protective investigator shall inform any subject of
29 the investigation of the following:

30 1. The names of the investigators and identifying
31 credentials from the department.

32 2. The purpose of the investigation.

33 3. The right to obtain his or her own attorney and ways
34 that the information provided by the subject may be used.

35 4. The possible outcomes and services of the department's
36 response.

37 5. The right of the parent or legal custodian to be
38 engaged to the fullest extent possible in determining the nature
39 of the allegation and the nature of any identified problem and
40 the remedy.

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41 6. The duty of the parent or legal custodian to report any
42 change in the residence or location of the child to the
43 investigator and that the duty to report continues until the
44 investigation is closed.

45 7. The duty of the parent or legal custodian to
46 immediately report any preexisting diagnosis for the child
47 specified in s. 39.303(4)(b) and to provide medical records that
48 support that diagnosis to the department within 15 days of being
49 informed of this duty.

50 (14)

51 (c) The department, in consultation with the judiciary,
52 shall adopt by rule:

53 1. Criteria that are factors requiring that the department
54 take the child into custody, petition the court as provided in
55 this chapter, or, if the child is not taken into custody or a
56 petition is not filed with the court, conduct an administrative
57 review. Such factors must include, but are not limited to,
58 noncompliance with a safety plan or the case plan developed by
59 the department, and the family under this chapter, and prior
60 abuse reports with findings that involve the child, the child's
61 sibling, or the child's caregiver.

62 2. Requirements that if after an administrative review the
63 department determines not to take the child into custody or
64 petition the court, the department shall document the reason for
65 its decision in writing and include it in the investigative

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66 file. For all cases that were accepted by the local law
67 enforcement agency for criminal investigation pursuant to
68 subsection (2), the department must include in the file written
69 documentation that the administrative review included input from
70 law enforcement. In addition, for all cases that must be
71 referred to Child Protection Teams pursuant to s. 39.303(5) and
72 (6) ~~s. 39.303(4) and (5)~~, the file must include written
73 documentation that the administrative review included the
74 results of the team's evaluation.

75 **Section 2. Present subsections (4) through (10) of section**
76 **39.303, Florida Statutes, are redesignated as subsections (5)**
77 **through (11), respectively, a new subsection (4) is added to**
78 **that section, and subsection (3) and present subsections (5) and**
79 **(6) of that section are amended, to read:**

80 39.303 Child Protection Teams and sexual abuse treatment
81 programs; services; eligible cases.—

82 (3) The Department of Health shall use and convene the
83 Child Protection Teams to supplement the assessment and
84 protective supervision activities of the family safety and
85 preservation program of the Department of Children and Families.
86 This section does not remove or reduce the duty and
87 responsibility of any person to report pursuant to this chapter
88 all suspected or actual cases of child abuse, abandonment, or
89 neglect or sexual abuse of a child. The role of the Child
90 Protection Teams is to support activities of the program and to

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91 provide services deemed by the Child Protection Teams to be
92 necessary and appropriate to abused, abandoned, and neglected
93 children upon referral. The specialized diagnostic assessment,
94 evaluation, coordination, consultation, and other supportive
95 services that a Child Protection Team must be capable of
96 providing include, but are not limited to, the following:

97 (a) Medical diagnosis and evaluation services, including
98 provision or interpretation of X rays and laboratory tests, and
99 related services, as needed, and documentation of related
100 findings.

101 (b) Telephone consultation services in emergencies and in
102 other situations.

103 (c) Medical evaluation related to abuse, abandonment, or
104 neglect, as defined by policy or rule of the Department of
105 Health.

106 (d) Such psychological and psychiatric diagnosis and
107 evaluation services for the child or the child's parent or
108 parents, legal custodian or custodians, or other caregivers, or
109 any other individual involved in a child abuse, abandonment, or
110 neglect case, as the team may determine to be needed.

111 (e) Expert medical, psychological, and related
112 professional testimony in court cases.

113 (f) Case staffings to develop treatment plans for children
114 whose cases have been referred to the team. A Child Protection
115 Team may provide consultation with respect to a child who is

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116 | alleged or is shown to be abused, abandoned, or neglected, which
117 | consultation shall be provided at the request of a
118 | representative of the family safety and preservation program or
119 | at the request of any other professional involved with a child
120 | or the child's parent or parents, legal custodian or custodians,
121 | or other caregivers. In every such Child Protection Team case
122 | staffing, consultation, or staff activity involving a child, a
123 | family safety and preservation program representative shall
124 | attend and participate.

125 | (g) Case service coordination and assistance, including
126 | the location of services available from other public and private
127 | agencies in the community.

128 | (h) Such training services for program and other employees
129 | of the Department of Children and Families, employees of the
130 | Department of Health, and other medical professionals as is
131 | deemed appropriate to enable them to develop and maintain their
132 | professional skills and abilities in handling child abuse,
133 | abandonment, and neglect cases. The training service must
134 | include training in the recognition of and appropriate responses
135 | to head trauma and brain injury in a child under 6 years of age
136 | as required by ss. 402.402(2) and 409.988.

137 | (i) Educational and community awareness campaigns on child
138 | abuse, abandonment, and neglect in an effort to enable citizens
139 | more successfully to prevent, identify, and treat child abuse,
140 | abandonment, and neglect in the community.

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(j) Child Protection Team assessments that include, as appropriate, medical evaluations, medical consultations, family psychosocial interviews, specialized clinical interviews, or forensic interviews.

A Child Protection Team that is evaluating a report of medical neglect and assessing the health care needs of a medically complex child shall consult with a physician who has experience in treating children with the same condition.

(4) A Child Protection Team shall consult with a physician licensed under chapter 458 or chapter 459, or an advanced practice registered nurse licensed under chapter 464, who has experience in and routinely provides medical care to pediatric patients when evaluating a child with a reported preexisting diagnosis of any of the following:

- (a) Rickets.
- (b) Ehlers-Danlos syndrome.
- (c) Osteogenesis imperfecta.
- (d) Vitamin D deficiency.

(6)~~(5)~~ All abuse and neglect cases transmitted for investigation to a circuit by the hotline must be simultaneously transmitted to the Child Protection Team for review. For the purpose of determining whether a face-to-face medical evaluation by a Child Protection Team is necessary, all cases transmitted

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to the Child Protection Team which meet the criteria in
subsection (5) ~~(4)~~ must be timely reviewed by:

(a) A physician licensed under chapter 458 or chapter 459
who holds board certification in pediatrics and is a member of a
Child Protection Team;

(b) A physician licensed under chapter 458 or chapter 459
who holds board certification in a specialty other than
pediatrics, who may complete the review only when working under
the direction of the Child Protection Team medical director or a
physician licensed under chapter 458 or chapter 459 who holds
board certification in pediatrics and is a member of a Child
Protection Team;

(c) An advanced practice registered nurse licensed under
chapter 464 who has a specialty in pediatrics or family medicine
and is a member of a Child Protection Team;

(d) A physician assistant licensed under chapter 458 or
chapter 459, who may complete the review only when working under
the supervision of the Child Protection Team medical director or
a physician licensed under chapter 458 or chapter 459 who holds
board certification in pediatrics and is a member of a Child
Protection Team; or

(e) A registered nurse licensed under chapter 464, who may
complete the review only when working under the direct
supervision of the Child Protection Team medical director or a
physician licensed under chapter 458 or chapter 459 who holds

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190 board certification in pediatrics and is a member of a Child
191 Protection Team.

192 (7)~~(6)~~ A face-to-face medical evaluation by a Child
193 Protection Team is not necessary when:

194 (a) The child was examined for the alleged abuse or
195 neglect by a physician who is not a member of the Child
196 Protection Team, and a consultation between the Child Protection
197 Team medical director or a Child Protection Team board-certified
198 pediatrician, advanced practice registered nurse, physician
199 assistant working under the supervision of a Child Protection
200 Team medical director or a Child Protection Team board-certified
201 pediatrician, or registered nurse working under the direct
202 supervision of a Child Protection Team medical director or a
203 Child Protection Team board-certified pediatrician, and the
204 examining physician concludes that a further medical evaluation
205 is unnecessary;

206 (b) The child protective investigator, with supervisory
207 approval, has determined, after conducting a child safety
208 assessment, that there are no indications of injuries as
209 described in paragraphs (5) (a) - (h) ~~(4) (a) - (h)~~ as reported; or

210 (c) The Child Protection Team medical director or a Child
211 Protection Team board-certified pediatrician, as authorized in
212 subsection (6) ~~(5)~~, determines that a medical evaluation is not
213 required.

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Notwithstanding paragraphs (a), (b), and (c), a Child Protection Team medical director or a Child Protection Team pediatrician, as authorized in subsection (6) ~~(5)~~, may determine that a face-to-face medical evaluation is necessary.

Section 3. Paragraphs (c), (d), and (e) are added to subsection (1) of section 39.304, Florida Statutes, to read:

39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.—

(1)

(c) If an examination is performed on a child under paragraph (b), other than an examination for purposes of determining whether a child has been sexually abused, the parent or legal custodian of the child who is the subject of a protective investigation, or a shelter order, may request of the department, no later than 5 days after such medical examination, that the child be examined:

1. By a Child Protection Team, if the medical examination pursuant to paragraph (b) was not performed by a Child Protection Team;

2. By a physician licensed under chapter 458 or chapter or an advanced practice registered nurse licensed under chapter 464 of the parent's or legal custodian's choosing who routinely provides medical care to pediatric patients, if the medical examination pursuant to paragraph (b) was performed by a Child

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Protection Team, for the purpose of obtaining a second opinion
on diagnosis or treatment; or

3. By a physician licensed under chapter 458 or chapter 459
or an advanced practice registered nurse licensed under chapter
464 of the parent's or legal custodian's choosing, who routinely
provides diagnosis of and medical care to pediatric patients for
the conditions specified in s. 39.303(4)(b), to compile a
differential diagnosis.

The cost of an examination under subparagraph 2. or subparagraph
3. must be borne by the parent or legal custodian, including
through their health care coverage, if applicable.

(d) For all medical examinations performed pursuant to
paragraph (c), the physician or advanced practice registered
nurse shall submit, to the department and to the parent or legal
custodian, a written report which details the findings and
conclusions of the medical examination no later than 5 days
after the examination.

(e) If the findings and conclusions of the medical
examination conducted under paragraph (b) and the examination
conducted under paragraph (c) differ, the department must
immediately convene a case staffing to reach a consensus
regarding the differences in medical opinions. The case staffing
shall include the child protective investigator, investigator
supervisor, department legal staff, representatives from a Child

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Protection Team, the community-based care lead agency, and, if possible, the practitioner providing the examination under paragraph (c), any prior health care practitioners who treated the child, and any health care practitioners currently treating the child.

Section 4. This act shall take effect July 1, 2026.